CITY OF CLEWISTON

115 WEST VENTURA CLEWISTON, FL 33440

TELEPHONE: (863) 983-1484 FAX: (863) 983-4055

City of Clewiston Golf Cart Registration Form

Date:	<u></u>		
Name:	Address:	_	
City:	State:	Zip:	
DOB: Drive	er's License:	_	
Make: Mod	lel:	Color:	
VIN #:		Decal #:	
Registration	Fee \$20.00 R	enewal Fee \$15.00	
(A copy of this form sho	ould be kept wi		times.)
COUNTY OF HENDRY			
Before me, the undersigned authority duly sworn by me, on oath deposes at 1. I am the owner of a golf cart at 2. I have read and am familiar wattached) 3. I hold a current driver's licens 4. I am filing this Affidavit of Corclewiston. I certify that the goworking order. 5. I have the appropriate insurar Under penalty of perjury, I declare that to the understand that the penalties for perjury may	nd says: and at least 18 years ith the provisions of e. (minimum class E npliance in order for olf cart that I own ar nce coverage for the best of my knowled	s of age. If the City Ordinance governing If the golf cart to be permitted Indintend to use has the requirements of the above statements a	ed for use in the City of uired equipment in ents.
	Signature		
Sworn to and subscribed before me this _	day of _		, 201
Affiant is personally known to me or has p	roduced		as identification.
	Notary Public, S	state of Florida or LEO	
My Commission expires:	Printed Name o	f Notary or LEO	